

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See *"Instructions for Service of Process by U.S. Marshal"*

PLAINTIFF Xiao Qing Liu	COURT CASE NUMBER 16CV4046 (ER)
DEFENDANT New York State Department of Health et al	TYPE OF PROCESS Service of Summons & Complaint

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

SERVE

HHC

AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

NYC Health & Hospitals, 125 Worth Street, New York, New York 10013

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285
PRO.S.E: Xiao Qing Liu 333 Pearl Street Apt. 2N New York, NY 10038	Number of parties to be served in this case
	<input checked="" type="checkbox"/> Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
<i>M. Liu</i>	<input type="checkbox"/> DEFENDANT	(212)- 805 - 0175	8/15/16

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 04	District of Origin No. 051	District to Serve No. 054	Signature of Authorized USMS Deputy or Clerk	Date 8/16/16
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above) <i>Ambrose Blanc, Clerk</i>	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date 9/26/16	Time 1153
	<input checked="" type="checkbox"/> am	<input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy <i>R. O. 4163</i>		

Service Fee \$73.00	Total Mileage Charges including endeavors 32¢	Forwarding Fee	Total Charges \$73.32	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS:

8/16/16 Set up for Mail Service

9/23/16 Set up for pls

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

16-4046-3 ✓